



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|  |  |                        |                     |
|--|--|------------------------|---------------------|
|  |  | Application Number     | 09/824,708          |
|  |  | Filing Date            | April 4, 2001       |
|  |  | First Named Inventor   | TAKAKUWA et al.     |
|  |  | Group Art Unit         | 2855                |
|  |  | Examiner Name          | JENKINS, JERMAINE L |
|  |  | Attorney Docket Number | 01-130              |

## ENCLOSURES (check all that apply)

|  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                     | <input type="checkbox"/> Assignment Papers<br>(for an Application)                      | <input type="checkbox"/> After Allowance Communication to Group                               |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences           |
| <input checked="" type="checkbox"/> Amendment / Response                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition    | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> To Convert a Provisional Application                           | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request                | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Additional Enclosure(s)<br>(please identify below):                  |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer  |   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Small Entity Statement   |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <input type="checkbox"/> Request of Refund  |   |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application   |   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

Remarks

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TECHNOLOGY CENTER 2800

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |   |
|-------------------------|---|
| Firm or Individual name | David G. Posz (Reg. No. 37,701)<br>Posz & Bethards, PLC |
| Signature               |   |
| Date                    | September 16, 2003                                      |



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$)** **930**

| Complete if Known    |                     |
|----------------------|---------------------|
| Application Number   | 09/824,708          |
| Filing Date          | April 4, 2001       |
| First Named Inventor | TAKAKUWA et al.     |
| Examiner Name        | JENKINS, JERMAINE L |
| Group/Art Unit       | 2855                |
| Attorney Docket No.  | 01-130              |

| METHOD OF PAYMENT (check one)  |               | FEE CALCULATION (continued)   |                |  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
|--|---------------|---|----------------|--|--|--------------|--------------|-----------------|----------------|----------|---------------|---------------|----------|----------|------|------|-----|--------------------|-------|-------------------------------------|------|----|------|--------------------|--|------|-----|------|-----|--|------|-------|------|-------|---|------|------|------|------|---|--------------|--------|------|--------|---|------|-----|------|----|--|------|-----|------|-----|---|------|-----|------|-----|--|------|------|------|-----|---|------|------|------|-----|--|------|-----|------|-----|------------------|------|-----|------|-----|--|------|-----|------|-----|--------------------------|------|-------|------|-------|---|------|-----|------|----|----------------------------------|------|-------|------|-----|------------------------------------|------|------|------|-----|--------------------------------|------|-----|------|-----|------------------|------|-----|------|-----|-----------------|------|-----|------|-----|-------------------------------|------|----|------|----|---|------|-----|------|-----|---|------|----|------|----|--|------|-----|------|-----|---|------|-----|------|-----|--|---------------------------|--|--|--|--|---------------------------|--|--|--|--|-----------------------------------|--|--|--|--|--|
| 1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:   |               | <b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="2">Fee Description</th> <th>Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th></th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>205</td><td>Extension for reply within second month</td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>460</td><td>Extension for reply within third month</td></tr> <tr><td>1254</td><td>1450</td><td>2254</td><td>725</td><td>Extension for reply within fourth month</td></tr> <tr><td>1255</td><td>1970</td><td>2255</td><td>985</td><td>Extension for reply within fifth month</td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td><td>Notice of Appeal</td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td><td>Filing a brief in support of an appeal</td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td><td>Request for oral hearing</td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - unavoidable</td></tr> <tr><td>1453</td><td>1,300</td><td>2453</td><td>650</td><td>Petition to revive - unintentional</td></tr> <tr><td>1501</td><td>1300</td><td>2501</td><td>650</td><td>Utility issue fee (or reissue)</td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>235</td><td>Design issue fee</td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>315</td><td>Plant issue fee</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>130</td><td>Petitions to the Commissioner</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td><td>Petitions related to provisional applications</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td><td>Submission of information Disclosure Stmt</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>375</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>375</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td></td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td></td></tr> <tr> <td colspan="2">SUBTOTAL (1) <b>(\$)</b> <b>0</b></td> <td colspan="4">*Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3) <b>(\$)</b> <b>930</b></b></td> </tr> </tbody></table> |                |  |  | Large Entity | Small Entity | Fee Description |                | Fee Paid | Fee Code      | Fee Code      | Fee (\$) | Fee (\$) |      | 1051 | 130 | 2051               | 65    | Surcharge - late filing fee or oath | 1052 | 50 | 2052 | 25                 | Surcharge - late provisional filing fee or cover sheet | 1053 | 130 | 1053 | 130 | Non-English specification  | 1812 | 2,520 | 1812 | 2,520 | For filing a request for reexamination            | 1804 | 920* | 1804 | 920* | Requesting publication of SIR prior to Examiner action    | 1805         | 1,840* | 1805 | 1,840* | Requesting publication of SIR after Examiner action | 1251 | 110 | 2251 | 55 | Extension for reply within first month | 1252 | 410 | 2252 | 205 | Extension for reply within second month | 1253 | 930 | 2253 | 460 | Extension for reply within third month | 1254 | 1450 | 2254 | 725 | Extension for reply within fourth month | 1255 | 1970 | 2255 | 985 | Extension for reply within fifth month | 1401 | 320 | 2401 | 160 | Notice of Appeal | 1402 | 320 | 2402 | 160 | Filing a brief in support of an appeal | 1403 | 280 | 2403 | 140 | Request for oral hearing | 1451 | 1,510 | 1451 | 1,510 | Petition to institute a public use proceeding | 1452 | 110 | 2452 | 55 | Petition to revive - unavoidable | 1453 | 1,300 | 2453 | 650 | Petition to revive - unintentional | 1501 | 1300 | 2501 | 650 | Utility issue fee (or reissue) | 1502 | 470 | 2502 | 235 | Design issue fee | 1503 | 630 | 2503 | 315 | Plant issue fee | 1460 | 130 | 1460 | 130 | Petitions to the Commissioner | 1807 | 50 | 1807 | 50 | Petitions related to provisional applications | 1806 | 180 | 1806 | 180 | Submission of information Disclosure Stmt | 8021 | 40 | 8021 | 40 | Recording each patent assignment per property (times number of properties) | 1809 | 750 | 2809 | 375 | Filing a submission after final rejection (37 CFR § 1.129(a)) | 1810 | 750 | 2810 | 375 | For each additional invention to be examined (37 CFR § 1.129(b)) | Other fee (specify) _____ |  |  |  |  | Other fee (specify) _____ |  |  |  |  | SUBTOTAL (1) <b>(\$)</b> <b>0</b> |  | *Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3) <b>(\$)</b> <b>930</b></b> |  |  |  |
| Large Entity   | Small Entity  | Fee Description   |                | Fee Paid   |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| Fee Code   | Fee Code      | Fee (\$)  | Fee (\$)       |  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1051   | 130           | 2051  | 65             | Surcharge - late filing fee or oath  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1052   | 50            | 2052  | 25             | Surcharge - late provisional filing fee or cover sheet                     |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1053   | 130           | 1053  | 130            | Non-English specification  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1812   | 2,520         | 1812  | 2,520          | For filing a request for reexamination                                     |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1804   | 920*          | 1804  | 920*           | Requesting publication of SIR prior to Examiner action                     |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1805   | 1,840*        | 1805  | 1,840*         | Requesting publication of SIR after Examiner action                        |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1251   | 110           | 2251  | 55             | Extension for reply within first month                                     |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1252   | 410           | 2252  | 205            | Extension for reply within second month                                    |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1253   | 930           | 2253  | 460            | Extension for reply within third month                                     |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1254   | 1450          | 2254  | 725            | Extension for reply within fourth month                                    |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1255   | 1970          | 2255  | 985            | Extension for reply within fifth month                                     |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1401   | 320           | 2401  | 160            | Notice of Appeal   |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1402   | 320           | 2402  | 160            | Filing a brief in support of an appeal                                     |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1403   | 280           | 2403  | 140            | Request for oral hearing   |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1451   | 1,510         | 1451  | 1,510          | Petition to institute a public use proceeding                              |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1452   | 110           | 2452  | 55             | Petition to revive - unavoidable   |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1453   | 1,300         | 2453  | 650            | Petition to revive - unintentional   |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1501   | 1300          | 2501  | 650            | Utility issue fee (or reissue)   |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1502   | 470           | 2502  | 235            | Design issue fee   |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1503   | 630           | 2503  | 315            | Plant issue fee  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1460   | 130           | 1460  | 130            | Petitions to the Commissioner  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1807   | 50            | 1807  | 50             | Petitions related to provisional applications                              |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1806   | 180           | 1806  | 180            | Submission of information Disclosure Stmt                                  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 8021   | 40            | 8021  | 40             | Recording each patent assignment per property (times number of properties) |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1809   | 750           | 2809  | 375            | Filing a submission after final rejection (37 CFR § 1.129(a))              |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1810   | 750           | 2810  | 375            | For each additional invention to be examined (37 CFR § 1.129(b))           |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| Other fee (specify) _____  |               |   |                |  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| Other fee (specify) _____  |               |   |                |  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| SUBTOTAL (1) <b>(\$)</b> <b>0</b>  |               | *Reduced by Basic Filing Fee Paid <b>SUBTOTAL (3) <b>(\$)</b> <b>930</b></b>  |                |  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 2. EXTRA CLAIM FEES  |               |   |                |  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th colspan="2"></th> <th>Extra Claims</th> <th>Fee from Below</th> <th colspan="2">Fee Paid</th> </tr> <tr> <th>Total Claims</th> <td>-20**=</td> <td>0</td> <td>x 18</td> <td>=</td> <td></td> </tr> <tr> <th>Independent Claims</th> <td>-3**=</td> <td>0</td> <td>x 84</td> <td>=</td> <td></td> </tr> <tr> <th>Multiple Dependent</th> <td></td> <td></td> <td></td> <td>=</td> <td></td> </tr> </thead> <tbody> <tr> <td colspan="6">**or number previously paid, if greater; For Reissues, see below</td> </tr> </tbody> </table>   |               |   |                |  |  |              |              | Extra Claims    | Fee from Below | Fee Paid |               | Total Claims  | -20**=   | 0        | x 18 | =    |     | Independent Claims | -3**= | 0                                   | x 84 | =  |      | Multiple Dependent |  |      |     | =    |     | **or number previously paid, if greater; For Reissues, see below |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
|  |               | Extra Claims  | Fee from Below | Fee Paid   |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| Total Claims   | -20**=        | 0   | x 18           | =  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| Independent Claims   | -3**=         | 0   | x 84           | =  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| Multiple Dependent   |               |   |                | =  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see below   |               |   |                |  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> <th colspan="2">Fee Description</th> <th></th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee (\$)</th> <th>Fee (\$)</th> <th></th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>1201</td><td>84</td><td>2201</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>1203</td><td>280</td><td>2203</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>1204</td><td>84</td><td>2204</td><td>42</td><td>**Reissue independent claims over original patent</td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>**Reissue claims in excess of 20 and over original patent</td></tr> <tr><td colspan="2">SUBTOTAL (2)</td><td colspan="2">(\$)</td><td>0</td><td></td></tr> </tbody> </table> |               |   |                |  |  | Large Entity | Small Entity | Fee Description |                |          | Fee Code (\$) | Fee Code (\$) | Fee (\$) | Fee (\$) |      | 1202 | 18  | 2202               | 9     | Claims in excess of 20              | 1201 | 84 | 2201 | 42                 | Independent claims in excess of 3                      | 1203 | 280 | 2203 | 140 | Multiple dependent claim, if not paid                            | 1204 | 84    | 2204 | 42    | **Reissue independent claims over original patent | 1205 | 18   | 2205 | 9    | **Reissue claims in excess of 20 and over original patent | SUBTOTAL (2) |        | (\$) |        | 0   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| Large Entity   | Small Entity  | Fee Description   |                |  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| Fee Code (\$)  | Fee Code (\$) | Fee (\$)  | Fee (\$)       |  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1202   | 18            | 2202  | 9              | Claims in excess of 20   |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1201   | 84            | 2201  | 42             | Independent claims in excess of 3  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1203   | 280           | 2203  | 140            | Multiple dependent claim, if not paid                                      |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1204   | 84            | 2204  | 42             | **Reissue independent claims over original patent                          |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| 1205   | 18            | 2205  | 9              | **Reissue claims in excess of 20 and over original patent                  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |
| SUBTOTAL (2)   |               | (\$)  |                | 0  |  |              |              |                 |                |          |               |               |          |          |      |      |     |                    |       |                                     |      |    |      |                    |  |      |     |      |     |  |      |       |      |       |   |      |      |      |      |   |              |        |      |        |   |      |     |      |    |  |      |     |      |     |   |      |     |      |     |  |      |      |      |     |   |      |      |      |     |  |      |     |      |     |                  |      |     |      |     |  |      |     |      |     |                          |      |       |      |       |   |      |     |      |    |                                  |      |       |      |     |                                    |      |      |      |     |                                |      |     |      |     |                  |      |     |      |     |                 |      |     |      |     |                               |      |    |      |    |   |      |     |      |     |   |      |    |      |    |  |      |     |      |     |   |      |     |      |     |  |                           |  |  |  |  |                           |  |  |  |  |                                   |  |  |  |  |  |

| SUBMITTED BY      |               |                                   |                    | Complete if applicable |                |
|-------------------|---------------|-----------------------------------|--------------------|------------------------|----------------|
| Name (Print/Type) | DAVID G. POSZ | Registration No. (Attorney/Agent) | 37,701             | Telephone              | (703) 707-9110 |
| Signature         |               | Date                              | September 16, 2003 |                        |                |

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